

**(SAMPLE ONLY, THIS SPECIFIC FORM IS NOT REQUIRED.
HOWEVER, PLEASE INCLUDE SIMILAR INFORMATION IN YOUR COMPANY PROPOSAL COVER SHEET)**

PROPOSAL COVER SHEET <i>(Cost or Pricing Data Not Required)</i>				1. SOLICITATION/CONTRACT/MODIFICATION NUMBER <div style="text-align: center; font-weight: bold;">NNA14443194R</div>				
2a. NAME OF OFFEROR				3a. NAME OF OFFEROR'S POINT OF CONTACT		3c. TELEPHONE		
2b. FIRST LINE ADDRESS				3b. TITLE OF OFFEROR'S POINT OF CONTACT		AREA CODE	NUMBER	
2c. STREET ADDRESS				3d. EMAIL				
2d. CITY		2e. STATE	2f. ZIP CODE	4. TYPE OF CONTRACT ACTION (Check)				
5. TYPE OF CONTRACT (Check) <input type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input checked="" type="checkbox"/> CPAF <input type="checkbox"/> FPI <input type="checkbox"/> OTHER (Specify)				A. NEW CONTRACT		D. LETTER CONTRACT		
				B. CHANGE ORDER		E. UNPRICED OPTION		
				C. PRICE REVISION/ REDETERMINATION		F. OTHER (Specify)		
6. PERFORMANCE								
P L A C E (S)	a.	Moffett Field, CA 94035-1000				P E R I O D (S)	a.	
	b.						b.	
	c.						c.	
7. List and reference the identification, quantity and total price proposed for each contract line item. (Continue on reverse, if necessary. Use same headings.)								
a. LINE ITEM NO.		b. IDENTIFICATION		c. QUANTITY		d. TOTAL PRICE		e. PROP. REF. PAGE
8. PROVIDE THE FOLLOWING (If available)								
NAME OF CONTRACT ADMINISTRATION OFFICE NASA Ames Research Center				NAME OF AUDIT OFFICE				
STREET ADDRESS Building 241 Room 244, M/S 241-1				STREET ADDRESS				
CITY Moffett Field		STATE CA	ZIP CODE 94035-1000	CITY		STATE	ZIP CODE	
TELEPHONE	AREA CODE 650	NUMBER 604-4699		TELEPHONE	AREA CODE	NUMBER		
EMAIL Starr.L.Strong@nasa.gov								
This proposal is submitted in response to the solicitation, contract, modification, etc., in Item 1. By submitting this proposal, the offeror, if selected for discussions, grants the contracting officer or an authorized representative the right to examine, at any time before award, any of those books, records, documents, or other records directly pertinent to the information requested or submitted. See instructions at Table 15-2 at FAR 15.408.								
9a. NAME OF OFFEROR (Typed)				10. NAME OF FIRM				
9b. TITLE OF OFFEROR (Typed)								
9c. EMAIL								
11. SIGNATURE						12. DATE OF SUBMISSION		